

South Dakota Department of Health

**W omen
I nfants
C hildren**

Program



**Cashiers Training
Handbook**

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Introduction

The Special Supplemental Nutrition Program for Women, Infants, and Children, commonly known as WIC, is a cost effective nutrition intervention program with demonstrated success in improving the health and nutritional status of women, infants, and children. WIC is funded by the United States Department of Agriculture (USDA) and is administered by the South Dakota Department of Health. WIC Program services are provided throughout the state by local WIC offices.

WIC provides health-care referral, nutrition education, and nutritious foods to supplement the diets of limited income pregnant, postpartum and breastfeeding women, infants and children under age five who have been determined to be at nutritional risk.

Participants receive WIC checks for specific kinds and specific amounts of nutritious foods. WIC participants redeem these checks at authorized grocery stores (retailers) which meet the WIC requirements and agree, in a signed agreement with the South Dakota Department of Health, to follow all WIC Program designated policies and procedures.

WIC ID Pouch

WIC participants are issued a WIC ID Pouch. Participants are instructed to present this WIC ID Pouch when they redeem their checks at authorized retailers. The cashier must have a valid WIC ID Pouch shown to him/her by the WIC customer at the time of purchase. Accepting or cashing WIC Checks without requesting a WIC ID Pouch is a violation of the WIC Retailer Agreement.

Since the WIC customer uses the WIC ID Pouch to carry the checks, he/she must always be able to present it. If the WIC customer does not have the WIC ID Pouch, please ask him/her to get the WIC ID pouch. He/she may return to the local WIC office to get a new one. You should be aware of the following items on the front of the WIC ID Pouch:

Authorized Payee's Name	Family No.
Authorized Payee's Signature	
Alternate #1Name	
Alternate #1Signature	
Alternate #2 Name	
Alternate #2 Signature	
Change of Alternate	
Change of Alternate's Signature	

Payee's Name: This name should be the same as the "Authorized Payee" name on the top of the WIC check.

Payee's Signature: This signature should correspond to the signature on the WIC check if the payee is shopping. If the alternate is using the checks, you need not worry about the Payee's Signature.

#1 and #2 Alternate's Name and Signature: WIC participants are allowed to have a designated alternate(s) pick up their WIC checks and to go shopping for them. As long as a valid WIC ID Pouch with both the payee's and the alternate's name and signature is presented, checks may be used by either person. The participant may have two alternates assigned at the same time.


When the alternate is using the checks, this signature should correspond to the signature on the checks.

Change of Alternate and Alternate's Signature: If a different alternate is requested by the participant, a "VOID" will be stamped across the original Alternate's Name and Signature. The current alternate's name and signature will appear in this area.

All other information on the WIC ID Pouch is for local WIC office purposes. You need not be concerned with any of these items.

WIC ID POUCH

WIC ID Pouch



Please keep your WIC checks in this pouch until you are ready to use them.

Keep this folder!

Always bring this WIC ID Pouch with you...

- To your WIC appointments
- To pick up your WIC Checks
- To the grocery store
- If you move
- It is your WIC identification

Authorized Payee's Name	Family No.
Authorized Payee's Signature	
Alternate #1 Name	
Alternate #1 Signature	
Alternate #2 Name	
Alternate #2 Signature	
Change of Alternate	
Change of Alternate's Signature	

The WIC Check

WIC checks are printed and distributed by the local WIC offices. Participants receive the checks monthly or bi-monthly from the local WIC office. These checks may be computer generated, typed, or hand written. They have certain information on them which you must be aware of. Refer to the example on the following pages.

FRONT OF WIC CHECK:

#1 Local Agency: The three (3) characters that designate the local WIC agency site where the participant is served.

#2 Family ID: The number that designates the family identification number of that participant.

#3 Client ID: The number that identifies the participant.

#4 Authorized Payee: The person to whom the WIC check has been issued. This person may be on the Program as an eligible woman, and/or may be the parent/guardian of an eligible woman, infant or child. This name must also be found on the WIC ID Pouch.

#5 Issue Date: The first day the check may be redeemed at an authorized retailer.

#6 Expiration Date: The last day the check may be redeemed.

#7 Food Instrument #: The unique number assigned to each WIC check. This same number may be printed on the check by the computer.

#8 WIC Retailer Stamp Box: The area provided to the retailer to stamp their assigned WIC retailer identification number prior to being deposited at their bank.

#9 Food Items Box: The area provided that indicates the type of food(s) and the amount of food(s) that may be purchased with the WIC check. This information cannot be altered. The participant may purchase less than, but never more than, the specified amount.

The foods which can be purchased with WIC checks are listed on the WIC Food Shopping Guide. Retailers are to refer to these materials to verify that the foods being purchased are authorized. No substitutions from what is specified are allowed.

Retailers are supplied with the Food Shopping Guide.

#10 Actual Amount of Sale Box: The area where the WIC customer must write the purchase amount. The WIC customer must fill in the amount and then sign the check. If WIC customer is unable or unwilling to fill in amount, cashier may complete this box before signature is obtained. The amount entered is the value of the check and must correspond with the sale total, cashier should verify for accuracy.

Sales tax must not be charged. If price needs correction refer to page 7, making corrections.

#11 Signature of Authorized Representative: The area where the WIC customer or designated alternate must sign the WIC check when cashing it at the retailer. If there is no signature, the check will not be honored by the bank. Contact the local agency or retail coordinator for assistance obtaining signature. **DO NOT** contact the customer. A WIC ID Pouch is required to verify the signature.

#12 Date of Use Box: The area where the cashier writes the date the check is cashed at the store.

FRONT OF WIC CHECK

AUX 1

61772

199153

4 Authorized Payee

Sam Test

Client

5 Issue Date

09/10/2007

12 Date of use

6 Expiration Date

10/09/2007

7 95002348

STATE OF SOUTH DAKOTA DEPARTMENT OF HEALTH WIC PROGRAM

For These Items Only

1 13-oz Can Enfamil Iron Liquid Conc. - 0000870301016

9

Not Valid Without

8

SD WIC Retailer Stamp Here

Dollars

\$ 10

Cents

DEPOSIT WITHIN 15 DAYS OF ISSUE DATE

IMPROPER USE OF THIS FOOD INSTRUMENT IS SUBJECT TO STATE AND FEDERAL PROSECUTION

FIRST PREMIER BANK

SIOUX FALLS, SOUTH DAKOTA

11

SIGNATURE - NOT NEGOTIABLE UNLESS SIGNED WIC ID REQUIRED

⑈95002348⑈ ⑆091108598⑆ 1701275129⑈

5

FOOD ITEMS BOX
Verify Selected Items

ACTUAL AMOUNT OF SALE BOX
-Verify amount is correct
-If correction needed (see below)

SIGNATURE LINE
Verify with WIC ID Pouch

SECURITY FEATURES INCLUDED: DETAILS ON BACK

STATE OF SOUTH DAKOTA DEPARTMENT OF HEALTH WIC PROGRAM 95002348

AUX 6177 19915 Authorized Payee Client Sam Test Test T Testing

Issue Date 09/10/2007 Expiration Date 10/09/2007

Date of use

Not Valid Without SD WIC Retailer Stamp Here

For These Items Only
1 13-oz Can Enfamil Iron Liquid Conc. - 0000870301016

Dollars Cents
\$ DEPOSIT WITHIN 45 DAYS OF ISSUE DATE

South Dakota WIC

IMPROPER USE OF THIS FOOD INSTRUMENT IS SUBJECT TO STATE AND FEDERAL PROSECUTION
FIRST PREMIER BANK
SIOUX FALLS, SOUTH DAKOTA

SIGNATURE - NOT NEGOTIABLE UNLESS SIGNED WIC ID REQUIRED

#95002348# 10914085981 1701275429#

DATE OF USE BOX
Date the check is cashed at the store

EXPIRATION DATE
Last day check can be cashed

ISSUE DATE
First day check can be cashed

SAMPLE CORRECTION

SECURITY FEATURES INCLUDED: DETAILS ON BACK

STATE OF SOUTH DAKOTA DEPARTMENT OF HEALTH WIC PROGRAM 95002348

AUX 6177 19915 Authorized Payee Client Sam Test Test T Testing

Issue Date 09/10/2007 Expiration Date 10/09/2007

Date of use

Not Valid Without SD WIC Retailer Stamp Here

For These Items Only
1 13-oz Can Enfamil Iron Liquid Conc. - 0000870301016

Dollars Cents
\$ ~~21~~ ~~75~~
12.75

South Dakota WIC

IMPROPER USE OF THIS FOOD INSTRUMENT IS SUBJECT TO STATE AND FEDERAL PROSECUTION
FIRST PREMIER BANK
SIOUX FALLS, SOUTH DAKOTA

SIGNATURE - NOT NEGOTIABLE UNLESS SIGNED WIC ID REQUIRED

#95002348# 10914085981 1701275429#

R90

BACK OF WIC CHECK:

For Deposit Only By An Authorized WIC Retailer: The space provided for the WIC retailer to endorse the check. It will be returned by the bank unpaid if it is not endorsed.

ENDORSE CHECK HERE

X_____

DO NOT SIGN / WRITE / STAMP BELOW THIS LINE

FOR FINANCIAL INSTITUTION USAGE ONLY

If Retailer endorses manually, manually enter date in this area as well.

Check Out Procedures for Cashiers

It is important to understand and follow the correct WIC check cashing procedures. The following guidelines must be observed when handling WIC checks:

BEGINNING THE WIC TRANSACTION

- 1. Request to see the WIC ID Pouch. Without the WIC ID pouch, no purchase can be made.**
- 2. Check the issue and expiration date of the check.**
 - WIC checks are valid only from date of issue through the expiration date. Do not accept checks from the WIC customer before the issue or after the expiration date as indicated on each WIC check.
 - If a WIC customer attempts to redeem an out dated check, put an "X" in the "Actual Amount of Sale" box and request the WIC customer to return it to the local WIC office.
 - If a WIC customer attempts to redeem a check (prior to issue date) for the following month, do not cash. Instruct WIC customer to use within issue & expiration.
- 3. Handle each WIC check as a separate transaction.**
- 4. Verify the selected items**
 - Only the sizes, brands and types of foods listed on the WIC Food Shopping Guide may be purchased.
 - No substitutions are allowed on the WIC program.
 - No changes or alterations are allowed to the WIC checks.
 - WIC customers do not have to purchase all WIC items listed on the check. Do not mark out or cross out on the WIC check any unpurchased WIC items.
 - WIC customers may not purchase more than is listed on the WIC check.

COMPLETING THE TRANSACTION

1. Request the WIC customer to enter the Purchase Price.
 - Inform WIC customer of the dollar amount to be entered on the WIC check. **Sales tax must not be included in the purchase price.**
 - Inform WIC customer that cashier will enter the dollar amount if permission is given by customer for them to do so.
 - WIC customer must be informed of the purchase price and verify it is entered correctly if the cashier enters the dollar amount on the WIC check.
2. Have the WIC customer sign the WIC Check.
3. Verify the signature on the WIC ID pouch with the signature on the check.
4. No pre-signed checks are to be accepted. (See sample on pages 6 & 7).
5. Date of Use – Enter the date check is cashed.

MAKING CORRECTIONS

1. Making Corrections to the Dollar Amount in the Amount of Sale Box.
 - Draw a line through the incorrect dollar amount entered.
 - Enter the correct dollar amount below the Amount of Sale Box.
 - Have participant initial the correction.
2. If correction is to be made after the WIC customer has left the store, contact the State Office or Retail Coordinator.
3. More than one correction can be made following the above procedure. (See sample on pages 6 & 7)

TRANSACTION DATE

1. Make sure the date of the transaction is entered on the back of the check, either manually or electronically (see sample on page 8) as well as entering the date on the Date of Use line on the front of the check.

GENERAL INFORMATION

1. WIC customers can save money using coupons and are entitled to **“Buy one get one free or bonus promotions”**.
2. Exchanges are allowed only if the foods are defective, spoiled, or exceed their sell/use date.
 - ONLY exchange for the exact same brand, type, and size of exchanged food item.
 - No cash is to be returned to the WIC participant for any exchange under any circumstances.
 - Rain checks are NOT ALLOWED.
3. WIC retailer stamp must be entered either by cashier or other store personnel.
4. Do not contact WIC customer at home or work. Call your retail coordinator or the local WIC office.

5. Nondiscrimination

- The retailer shall not discriminate on grounds of race, color, national origin, sex, age or disability as prohibited by state and federal law. WIC customers should be offered the same courtesies as non-WIC customers.

6. Retailer Misuse of the Program

- Retailers who misuse the WIC Program can be disqualified for up to three years, receive a monetary sanction, be prosecuted under applicable federal, state and local laws and be disqualified from the Food Stamp Program.

7. Retailer Eligibility/Qualification

- Retailer must have a signed Agreement with the SD WIC Program before accepting a WIC check.

8. Retailer Assistance

- The retailer may contact the local WIC office, Retail Coordinator or State WIC Office for assistance. The retailer may not contact a WIC participant directly to resolve any issue.

Notes:

Notes:

2000 copies of this document were printed by the
South Dakota Department of Health at a cost of \$.31 per copy.